

## **City of Broken Arrow Application Instructions:**

Read and complete all three (3) Parts of the Application, this is a total of Nine (9) pages:

1. City of Broken Arrow Application for Employment
2. Disclosure to Employment Application
3. Consent to Release Record(s)

Print and **Sign** the Application.

There are three locations where a Signature is required.

Page 3, Page 5, and Page 9.

Mail the Signed Application to:

City of Broken Arrow  
Human Resources  
220 South First Street  
P.O. Box 610  
Broken Arrow, Oklahoma 74013



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P.O. Box 610  
Broken Arrow, Oklahoma 74013

# City of Broken Arrow

## Application for Employment

Please give concise, complete answers to all questions. All prospective employees tentatively offered a job are required to submit to and satisfactorily pass a drug screen, and depending on the position, may be required to submit and satisfactorily pass a medical examination.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
- -  
Address (street, city, state and zip): \_\_\_\_\_ Home Telephone Number: ( ) -  
Work Telephone Number: ( ) -

### GENERAL INFORMATION

Position Desired: \_\_\_\_\_

How did you learn about the job for which you are applying? \_\_\_\_\_

Indicate all types of employment you are interested in:

- ☐ Full Time  
☐ Part Time (less than 40 hours per week)  
☐ Seasonal

Check if you would be available to work:

- ☐ Shift Work  
☐ Weekend Work  
☐ Holiday

Would you work overtime when requested?

Yes ☐ No ☐

If the position you are applying for requires you to work outside, are you willing to work under extreme conditions of weather, loud noise, dirt, mud, insects, dust, grass, etc.?

Yes ☐ No ☐

**If the position you are applying for requires you to operate a motor vehicle, please answer the following questions:**

Can you operate a motor vehicle? Yes ☐ No ☐

Drivers License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

State License Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In the past 5 years have you had your drivers license, revoked or suspended, or have you had an application for a drivers license denied?

Yes ☐ No ☐ If yes, please explain. \_\_\_\_\_

In the past 5 years have you been convicted of careless or reckless driving or of operating or being in actual physical control of a motor vehicle while under the influence or impaired by alcohol or drugs (i.e. DUI, DWI, APC, etc.)?

Yes ☐ No ☐ If yes, please explain. \_\_\_\_\_

Have you been convicted of more than 2 moving traffic violations in the past 5 years, or have you had more than one at fault accident and 2 moving traffic violations in the past 5 years?

Yes ☐ No ☐ If yes, please explain. \_\_\_\_\_

Yes ☐ No ☐

If yes, identify when and what department. \_\_\_\_\_

Yes ☐ No ☐

If yes, identify the person and your relationship with them. \_\_\_\_\_

Yes ☐ No ☐

If yes, how old are you? \_\_\_\_\_

Yes ☐ No ☐

(Verification will be required upon initial employment and failure to furnish documentation will be cause for termination.)

Yes ☐ No ☐

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

## EDUCATION

	Name of School & Address	Last Year Completed	Did you Graduate	Degree/Course
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade School, etc.)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MILITARY EXPERIENCE

Were you a member of the U.S. Armed Forces? Yes ☐ No ☐ Branch

Date of duty: From \_\_\_\_\_ To \_\_\_\_\_ Type of Separation or discharge \_\_\_\_\_

Briefly describe duties: \_\_\_\_\_

## COMPUTER SKILLS

Please list all computer skills (i.e. with software, specialized systems, etc.) that you possess.

Skill: \_\_\_\_\_

Proficiency:

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High☐ Low      ☐ Med      ☐ High☐ Low      ☐ Med      ☐ High

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer? Yes ☐ No ☐  
May we contact your previous employers? Yes ☐ No ☐  
If not, please explain why. \_\_\_\_\_  
\_\_\_\_\_

# ADDITIONAL INFORMATION

If you have any additional information or comments you feel would help us determine your suitability for this position, such as special licenses or training, please describe below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# READ CAREFULLY

I certify the facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Broken Arrow or its agents to investigate any information included in the application and I agree to submit to a drug screen and medical examination if required. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application from. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Broken Arrow.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

# POLICE OFFICER & JAILER APPLICANTS ONLY

Have you previously applied with the Broken Arrow Police Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? _____	
<b>*Date of birth</b> *Oklahoma State law requires that all Police Officers participate in the Oklahoma Police Pension & Retirement System. The pension requires all applicants to be the ages of 21 and 45 at the time of admission. This information will be used to ensure compliance with that statute.	
Are you CLEET certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The job requires fluent speaking and writing in English. Can you meet this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a peace officer certification revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state circumstances. _____	
Have you ever been convicted of any misdemeanor crime, including domestic violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details. _____	
Are you willing to carry and, if necessary, use a firearm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain. _____	
<u>Police Officer applicants are required to submit to a polygraph test and a psychological examination.</u>	
Are you willing to submit to a psychological examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a psychological test for a police position within the last twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details. _____	
Are you willing to submit to a polygraph examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## FIRE APPLICANTS ONLY

Please list any fire or medic related training or certifications you possess:
EMT Certification Number: _____
* A legible copy of your valid EMT Certification Card must be attached for consideration of employment.

The City of Broken Arrow does not discriminate on the basis of age, race, handicap, sex, political or religious affiliation, national origin or any other legally protected status in the admission, access, or treatment of people for employment or in its programs and activities. Any person needing an auxiliary aid in order to participate should contact the Human Resources Manager at least two days in advanced of the event so that appropriate arrangements can be made.

**THIS APPLICATION WILL REMAIN ON FILE FOR SIXTY DAYS.**

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF AN INVESTIGATIVE, CONSUMER AND  
CREDIT REPORT**

In connection with your application for employment, please be advised that we may conduct a reference check. This reference check, also known as an **investigative consumer report**, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and / or references supplied by you or others.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.



In connection with your application for employment, we may procure a **consumer report** on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.



In connection with your application for employment, we may procure a **credit report** on you as part of the process of considering your application. If the City obtains a credit report in connection with your application for employment or for any other employment purposes, under Oklahoma Law, you have a right to receive a free copy of the credit report. Please designate below if you wish to receive a copy of the credit report, if requested by the City.

I do not wish to receive a copy of my credit report.

If a credit report is obtained, please have a free copy sent to me.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. Attached is a summary of these rights for you to take with you.

**By executing the back of this form you are authorizing a release for the City of Broken Arrow to obtain one or more investigate reports, consumer reports and/or credit reports about you in connection with your application for employment or in the course of your employment with the City. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention or access to classified information.**

## Authority to Release Information

To Whom It May Concern:

I hereby authorize a representative of the City of Broken Arrow, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records), credit records, (including credit card and payment device numbers) and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Broken Arrow. I hereby release you, as the custodian of such records, and any former employer, school, college, university, or other education institution, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the City of Broken Arrow will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name

(Signature): \_\_\_\_\_

Full Name (Typed or  
Printed): \_\_\_\_\_

Maiden Name or Other Names

Used: \_\_\_\_\_

Social Security Account

Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of

Birth: \_\_\_\_\_

Current

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone

Number: \_\_\_\_\_

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as where you work and live, if you pay your bills on time, and whether you have been sued, arrested, or filed for bankruptcy - to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site ( <http://www.ftc.gov> ).

**You must be told if information in your file has been used against you.** Anyone who used information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must give you the name, address, and phone number of the CRA that provided the report.

**You can find out what is in your file.** A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.

**Inaccurate information must be deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.

**You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information, other than records of convictions of crimes, that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA - usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.

**You can stop a CRA from including you on lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.



**You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendants may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn those rights.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:      Please Contact:

CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection -- FCRA Washington, DC 20580. Phone 202-326-3650 <a href="http://www.ftc.gov">http://www.ftc.gov</a>
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mall Stop 6-6 Washington, DC 20219. Phone 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551. Phone 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552. Phone 800-842-6929
Federal Credit Unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314. Phone 703-518-6360
Banks that are state chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429. Phone 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590. Phone 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator -- GIPSA Washington, DC 20250. Phone 202-720-7051

## CONSENT TO RELEASE RECORD(S)

DRIVER NAME:

DL#:

DOB:

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:

Release Record/Information to: The City of Broken Arrow

☒ MVR Summary

(DRIVER'S SIGNATURE OF CONSENT)

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To be completed by the City of Broken Arrow:

(DATE)

(SIGNATURE OF RECIPIENT OF RECORD)

(ADDRESS OF RECIPIENT OF RECORD)

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NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or, unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to other specified.

---- THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD ----